

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective October 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Trade Pro - Property</u>	\$4,866	-8.9% (Estimated)
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting ISO Filings  
CF-2007-RLA1, CF-2008-RLA1, CF-2009-RLA1 / Adjusting Loss Cost Multiplier / Adding Age of Building Factors

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Addison Insurance Company

Name of Company

Chris Manders, Corporate Underwriting Analyst

Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 07/13/2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Mobile Homeowners	\$692,319 (estimate)	+8.5% (estimate)
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Decreasing the Mature Discount for ages 55-64. Inc.

PC Rels, Other Structures rates, and the base rate. Introducing the Corn Pellet Surcharge.

Modifying tied down requirements for the Mobile Home Repl. Cost.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Auto-Owners Insurance Company

Name of Company

Dan Keefe, Asst Mgr, Personal Property Actuarial

Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 12/01/2010 new 02/01/2011 renewal.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Package	\$6,469,230	+0.2
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: NO

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): ISO COMMERCIAL PROPERTY LOSS COSTS ML-2010-RLA1

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Capitol Indemnity Corporation

Name of Company

Amanda Mullen, Product Analyst

Official – Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective 08/23/2010.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Earthquake	\$0	0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: This filing is applicable to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

This filing will increase all current customers with  
Earthquake coverage to a 15% earthquake deductible and will require all NB written with  
Earthquake coverage to have at least a 15% earthquake deductible.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

The First Liberty Insurance Corporation

Name of Company

Rebecca Koke - Industry Filings Analyst

Official - Title

*Home*

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 11/1/2010 New; 1/1/2011 Renewals .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>FARMOWNERS</u>	\$161,672	+3.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify Affects all territories; various loss cost multipliers and rates are being revised.

Brief description of filing. (If filing follows rates of an advisory organization, list organization) Revised loss cost multipliers applicable to A.A.I.S. loss costs (see Exhibit 1). Also, revised rates for horse and buggy liability, farm machinery open peril and minimum policy premiums.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Goodville Mutual Casualty Company  
Name of Company

Brian Frankhouser, Actuarial Analyst  
Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 08/23/2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Earthquake	\$33,834	-12.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No this filing applies to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

This filing will increase all current customers with  
Earthquake coverage to a 15% earthquake deductible and will require all NB written with  
Earthquake coverage to have at least a 15% earthquake deductible.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Liberty Insurance Corporation

Name of Company

Rebecca Koke - Industry Filings Analyst

Official - Title

*Home*

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 08/23/2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Earthquake	\$171,592	-12.7%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: This filing is applicable to all territories.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

This filing will increase all current customers with  
Earthquake coverage to a 15% earthquake deductible and will require all NB written with  
Earthquake coverage to have at least a 15% earthquake deductible.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Liberty Mutual Fire Insurance Company

Name of Company

Rebecca Koke - Industry Filings Analyst

Official - Title

*Home*

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 10/15/2010.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		0.0
	Commercial		0.0
2.	Automobile Physical Damag		
	Private Passenger		0.0
	Commercial		0.0
3.	Liability Other Than Auto		0.0
4.	Burglary and Theft		0.0
5.	Glass		0.0
6.	Fidelity		0.0
7.	Surety		0.0
8.	Boiler and Machinery		0.0
9.	Fire		0.0
10.	Extended Coverage		0.0
11.	Inland Marine		0.0
12.	Homeowners		0.0
13.	Commercial Multi-Peril		0.0
14.	Crop Hail		0.0
15.	Other Farm Umbrella	\$32,287	0.6%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify:

Filing applies to the entire state of Illinois and all classes.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):  
in a rate increase.

Revising increased limit factors and minimum premiums

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Meridian Citizens Mutual

Name of Company

Kris Kirby - Product Specialist II

Official - Title



**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 9/1/2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	see below for the EQ coverage	portion of our HO policy
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Earthquake coverage only</u>	\$17,296	+7.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,

specify: This revision applies only to those policies with earthquake coverage.

(Approximately 75 of 270 total policies.)

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

The AAIS earthquake revision includes rating procedures,  
territorial definitions, rating factors and loss cost revisions. We are implementing this revision in its entirety.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Pharmacists Mutual Insurance Company

Name of Company

Tom Claude, VP Underwriting/Risk Management

Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective October 1, 2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Trade Pro - Property</u>	\$65,890	-8.9% (Estimated)
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting ISO Filings  
CF-2007-RLA1, CF-2008-RLA1, CF-2009-RLA1 / Adjusting Loss Cost Multiplier / Adding Age of Building Factors

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

United Fire & Casualty Company

Name of Company

Chris Manders, Corporate Underwriting Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 09/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Vehicle Service Contracts</u> Line of Insurance	1,370,726	-1.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_  
 Having completed the annual review of our vehicle service contract reimbursement program, we wish to file the attached premium rates to be used with our reimbursement policy on file in your state. The policy provides insurance coverage for the repair obligations incurred by the insured.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Universal Underwriters Insurance Company  
Name of Company

*Yarek Dabko*

\_\_\_\_\_  
Official – Title